PRINTED: 04/29/2010 FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING **NVN484ASC** 03/16/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 880 RYLAND **RENO ENDOSCOPY CENTER RENO. NV 89502** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) **INITIAL COMMENTS** A 00 A 00 This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 3/16/10 and finalized on 3/16/10, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiencies were identified: A118 NAC 449,9855 Personnel A118 SS=D 3. A current and accurate personnel record for each employee of the center must be maintained at the center. The record must include, without (d) Such health records as are required by chapter 441A of NAC. This Regulation is not met as evidenced by: Based on personnel record review, the facility failed to provide documentation of a positive tuberculin history on 1 of 10 employees. there

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

was no evidence of a chest x-ray or the initial

4. In the absence of a full-time pharmacist, the director of nursing must be designated in writing as responsible for the control of dangerous drugs

positive test. (Employee #1)

A166 NAC 449.9905 Pharmacist Required

Severity 1 Scope 1

SS=D

A166

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Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN484ASC 03/16/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 880 RYLAND RENO ENDOSCOPY CENTER **RENO. NV 89502** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A166 Continued From page 2 A166 1. A 30 milliliter (ml) syringe that contained 15 ml. of a white liquid and was labeled "Propofol. 2. A three ml. syringe contained 0.5 ml. of a clear liquid that was labeled "fentanyl" that was observed left unattended on several occasions 3. A three ml syringe that contained no medication and was labeled "fentanyl" The Anesthesiologist was interviewed and when asked why the emesis basin containing syringes with medication in them, he reported "that is what I was told to do." The Manager was interviewed and reported that the used syringes containing medication are saved in a basket marked "waste" that is locked in the medication cabinet. She reported that the syringes and medications in them, and then are wasted at the end of the day with two nurses participating. Severity: 3 Scope: 1